Fax form to 1300 88 24 76 or call 1300 88 24 75 to make an appointment

Patient Name: ___________________________ Date of Referral: ____________

Patient Contact Phone Number: ________________________________

☐ Please confirm that the patient is happy to be contacted during business hours by staff regarding their colonoscopy

Referral to:

☐ Dr Sanjay Kariappa ☐ Dr Murtaza Jamnagerwalla

Indication for Colonoscopy:

☐ Positive FOBT ☐ PR bleeding
☐ Family History of Bowel Cancer ☐ Previous cancer or polyps
☐ Familial cancer syndrome - FAP/HNPCC ☐ Other

Referring Doctor details or practice stamp

Name: ___________________________ Signature: ___________________________

Provider Number: ________________________________
The Referral Process

Patients must be referred by either their general practitioner or specialist. Referral forms can be either faxed (1300 88 24 76) or emailed through to the surgery. Patients will be contacted by practice staff to confirm their suitability for the programme and to answer any questions the patient might have. An appointment will then be made for the patient to have their colonoscopy at Kareena Private Hospital. Patients will be sent a colonoscopy information sheet and pre-procedure instructions by mail. Patients will be admitted to Day Procedure department of the hospital where Dr Kariappa or Dr Jamnagerwalla will see them. Following this consultation, their colonoscopy will be performed. Results of the colonoscopy will be discussed with the patient on the day of procedure, with a report sent to the referring doctor. The patient will be provided with follow-up appointments with either Dr Kariappa or Dr Jamnagerwalla as required.

Southern Colorectal

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Phone: 1300 88 24 75
Fax: 1300 88 24 76
Email: secretary@southerncolorectal.com.au